

# BEST AVAILABLE COPY

*Per*  
ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>	HL		4-16-01
<b>O.I.P.E. CLASSIFIER</b>			<i>SP</i>
<b>FORMALITY REVIEW</b>	TK	68	01/04/01
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Date
Final	
Original	
1	7/23/03
2	3/21/04
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

*5/1/01*  
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